Health Regulation & Licensing Administration FORM APPRO				
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TPLE CONSTRUCTION	(Va) DATE OUD (E)
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDII		(X3) DATE SURVEY COMPLETED
		, a boile		90M 22125
	HCA-0009	B. WING		
	HCA-0009	D. WING		03/17/2017
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CIT	Y, STATE, ZIP CODE	
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(X4) ID SUMMARY STATE	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
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IAG REGULATORY OR ES	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE
			DEFICIENCY)	
H 000 INITIAL COMMENT	S	H 000	Premium Select Home Care Inc., ha	c
			reviewed the findings of the survey	5
An relicensure surve	ey was conducted from March		conducted by the Health Regulations	. 0
13, 2017, through M	arch 17, 2017, to determine		Licensing Administration on March 1	i &
compliance with Title	22B District of Columbia		2017 through March 17, 2017.	3,
Municipal Regulation	n, Chapter 39 (Home Care		2017 through March 17, 2017.	
Agencies Regulation	s). The home care agency		The following Plan of Competing (DC	0) 1
provides home care	services to three hundred-		The following Plan of Correction (PC	C) nas
fifteen (315) patients	and employs seven		been developed and is being submit	ted to
hundred-forty-six (74	6) staff. The findings of the		address the deficiencies and concern	
survey were based o	n a review of administrative		noted during the survey. The Correct	tion
records, fourteen (14	) active patient records, six		Plan will be implemented, as specified	ed, and
(6) discharged patier	nt records, twenty (20)		will be ongoing.	
employee records te	en (10) patient telephone		To oddana USSO	
interviews and intervi	iews with patients/family and		To address H 053:	
staff.	and with patients raining and		The UCA uses Day to April 1999	
			The HCA uses Deyta Analytics, a CN	115
The following are abb	previations used within the		approved Home Health Care Consur	ner
body of this report:	Mariation asca within the		Assessment of Healthcare Providers	
,			Systems to conduct monthly surveys	of
CHF - Congested He	art Failure		patients. The results are reviewed by	the .
CVA - Cerebral Vascu	llar Accident		Administrator and administrative staf	
GERD - Gastroespha	geal Reflux Disease		also presented to the Board of Direct	ors
HCA - Home Care Ag	ency		and the Quality Assurance/Quality	
POC - Plan of Care			Improvement Committee (QA/IC) at a	IH
SOC - Start of Care			meetings.	
SN - Skilled Nurse			The OA/OI Committee are late 44. Of	\40
HHA - Home Health A	Aide		The QA/QI Committee, on July 14, 20	
DON - Director of Nur			decided to have a patient survey form	1
PCA- Personal Care A			developed that could be used to asse	
			patient satisfaction for unskilled client	S.
H 053 3903.2(c)(1) GOVERN	UNO DODY		The form will be administered biannum	ally to
11 000 3903.2(C)(1) GOVERN	NING BODY	H 053	10% of the unskilled patients chosen	
The governing body of	and do the fell.		randomly (see attached, from the QA	(QI
The governing body sl	hall do the following:		Committee Meeting Minutes dated Ju	ly 14,
(c) Review and avelue	to on an annual to the		2016).	
nolicies governing the	te, on an annual basis, all		To oppose that we are all	
determine the extent t	operation of the agency to		To ensure that we survey the required	
nationt age that is	which services promote		number of patients, we utilize the surv	ey ongoing
patient care that is app	propriate, adequate,		done by Deyta for skilled patients, as	weil
enective and enicient.	This review and evaluation		as, the survey for unskilled patients	(1)
must include the follow			developed by the QA/QI Committee.	
th Regulation & Licensing Administrat	ion			

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING: COMPLETED B. WING HCA-0009 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 053 Continued From page 1 H 053 The Customer Service Survey (see 11/1/16 attached) was conducted on November 1, 6/2/17 (1) The evaluation shall include feedback from a 2016. The sample included thirty (30) ongoing representative sample consisting of either ten randomly chosen unskilled patients. percent (10%) of total District of Columbia Overall, the patients seemed to be satisfied patients or forty (40) District of Columbia patients, with the agency and the aides. However. whichever is less, regarding services provided to several patients had concerns that the those patients. Supervisory Nurse did not always discuss their satisfaction with the agency and their concerns regarding their PCAs and the This Statute is not met as evidenced by: POC during the monthly visit. Two (2) Based on record review and interview, the HCA patients discussed concerns about the failed to include feedback from a representative office staff's handling of incoming calls and sample consisting of either ten percent (10%) of transferring the call to the appropriate the District of Columbia patients or forty (40) person. District of Columbia patients, whichever is less, regarding services provided to those patients in The Customer Survey results, for the its annual review and evaluation. unskilled patients and the Deyta Survey of skilled patients was reviewed at the Board The finding includes: of Directors meeting held on January 19, 2017 and at the QA/QI Committee Meeting Review of the agency's "Board of Directors held on March 7, 2017. The Administrator Meeting" minutes dated January 17, 2017 on reviewed telephone etiquette and March 13, 2017, beginning at 2:41 p.m. failed to appropriate referrals with the office staff on provide evidence that feedback from a April 10, 2017. The RNs will be in-serviced 6/6/17 representative patient sample regarding the on procedures, practices and issues 6/10/17 provision of services had been included in the related to the monthly supervisory visits. ongoing annual review and evaluation. In addition, to prevent any recurrences in Interview with the Director of Professional the future, all new hires will be in-serviced Services on March 13, 2017, beginning at 10:31 during orientation on these procedures and a.m. revealed that satisfaction surveys are practices. disseminated to patients by an outside service agency. Further interview revealed that the Printed results of all surveys will be made 6/4/17 information received through the aforementioned available to the Director of Professional ongoing surveys will be reviewed during the board Services and the Director of Nursing. meetings and incorporated into the minutes in the These results will be kept on file in the future. At the time of this survey, there was no administrative offices for review. documented evidence that the agency had included feedback from a representative patient sample regarding the provision of services in the

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H 053	Continued From pa	ge 2	H 053		
	annual review and e	evaluation for the year 2016.		To address H 070:	
H 070	shall be responsible the agency's operati between the govern employing qualified	shall appoint a Director who for managing and directing ions, serving as liaison ing [*2880] body and staff, personnel, and ensuring that	H 070	To address HHA #1's failure to follow the HCA's policy regarding: 1) the transporting of a patient in a personal vehicle and 2)notifying the agency and getting permission to take the patient on personal outings.	
	This Statute is not in Based on record rev director failed to ens adequately and appr policy for one (1) of t (Patient #2); and II) was adequately and provide care for one	iew and interview, the HCA's		Premium Select Home Care, Inc., has always had a policy that forbids staff from transporting patients in their personal vehicles. In addition, the agency has a policy that states that staff and HHAs can only take patients to outings for medical purposes and other personal errands such as grocery shopping, picking up prescriptions, beauty and barber appointments, banking, etc.	
6 6 7 0 4 1	adequately and appropolicy as evidenced be Review of the agency on March 13, 2017, a complaint dated Janute. According to the accompanied HHA #1	led to ensure that staff was opriately trained on agency selow:  o's complaints and incidents t 12:46 p.m. revealed a lary 3, 2017 involving Patient		Staff members are informed of these policies during orientation and periodically during in-services. Employees are required to sign an Orientation Checklist to confirm that they have received this information during their orientation. These policies were reviewed with HHA #1, durin her initial orientation; however, the Personnel Director failed to ensure that thi particular HHA had signed the Orientation Checklist.	9
a S p	and interview with the Services on March 15 .m. revealed that HH	Director of Professional i, 2017 beginning at 1:16 IA #1 transported Patient #2 cle that neither belonged to		Once the oversight was noted, the HHA signed the required orientation form noting that she had been informed of all policies.	3/17/17

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ HCA-0009 B. WING 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 070 Continued From page 3 H 070 To ensure that the HCA does not the patient nor was secured by the patient. encounter this problem in the future, a new Further interview with the Director of Professional procedure will be put in place. Services revealed that the agency did not know that Patient #2 was going to a dinner with HHA #1 For quality control, the personnel file will be 6/1/17 during her tour of duty and did not know that reviewed by both the assistant and the ongoing Director of Personnel. They will both have Patient #2 was being transported in a personal vehicle secured by HHA #1. According to the to sign off documenting that the personnel Director of Professional Services, the aide failed file is complete. to follow agency rules by transporting the patient in a personal vehicle and not informing the In addition, HHA #1 was counselled and agency of the outing. temporarily suspended regarding the violation of these policies. Interview with the human resources representative on March 16, 2017 at To prevent future recurrences of this 3/7/17 approximately 3:30 p.m. revealed that all new violation, we gave in-services regarding 3/11/17 employees are required to go through orientation agency policies to the HHAs and will 6/13/17 training. The agency has an established continue to include, as part of our yearly ongoing orientation guide that documents the agency in-service program, an in-service on rules. Review of the orientation guide and further agency policies. interview with the human resources representative on March 16, 2017 at approximately 4:00 p.m. revealed that the guide documented to "never transport your client in your car." It should be noted that review of HHA #1's personnel record on March 16, 2017 failed to provide evidence that HHA #1 was provided with orientation training. To address H 358: At the time of the survey, the agency failed to Our HCA failed to include parameters for 6/10/17 ensure HHA #1 was adequately and appropriately blood glucose levels for patients with ongoing trained on agency policy. diabetes mellitus. From this time forward, all patients, skilled and unskilled patients H 358 3914.3(g) PATIENT PLAN OF CARE with diabetes, who are testing their blood H 358 will have parameters for blood sugar levels The plan of care shall include the following: included on their plan of care. (g) Physical assessment, including all pertinent diagnoses:

STATEME	Regulation & Licensi ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION (X		SURVEY
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H 358	Continued From pa	ge 4	H 358			
	Based on record re failed to ensure the	met as evidenced by: view and interview, the HCA POCs (1) included		The SN will notify the patient's physicial when the fasting blood glucose level is than 60 mg/dl or greater than 200 mg/dl	s less	6/10/17 ongoing
	physical assessmer	d glucose levels as part of the nt for five (5) of twenty (20) ple. (Patients #8, #9, #10, #14		If any random blood glucose value is greater than 400 mg/dl, the patient's physician will be notified. The SNs will inquire about the recent blood glucose	9	
	The findings include			values and will document these values their notes. For our skilled patients, ou SNs will continue to instruct the patient	ur	
	I. The HCA failed to included parameters evidenced by:	ensure patients' POCs s for blood glucose levels, as		diabetic management, diabetic foot car signs and symptoms of hypo-/hyperglycemia, and medication		
	Patient #8's POC wit March 3, 2017 throu SOC date of Novem diagnosed with diabe neuropathy and an o	7, at 10:10 a.m., review of th a certification period of gh May 1, 2017, revealed a ber 5, 2016. The patient was etes mellitus type II, diabetic pen wound on the right great evealed that the SN was to		management. Also, the SN will instruct/monitor the patient's blood glud levels and notify the physician if fasting blood glucose levels are greater than a mg/dl or less than 60 mg/dl or postprar blood glucose levels are greater than 4 mg/dl.	ng 200   ndial	
s I t	assess and evaluate system three (3) time However, there was i	the patient's endocrine es a week for nine (9) weeks. no documented evidence d parameters for blood		If our patients with diabetes have not be testing their blood glucose levels at hor the SN will inquire about their most recommonly the Hemoglobin A1c (HbA1c) values and a any concerns that their physician may be seen to be seen the seen that their physician may be seen that their physician may be seen to be seen that their physician may be seen to be seen that their physician may be seen to be seen to be seen that their physician may be seen to be seen to be seen that their physician may be seen to b	ome, cent about have	6/10/17 ongoing
r p II tr p tii	Patient #9's POC with December 7, 2016 the evealed a SOC date atient was diagnose with ulcerated toes, not the SN was to as atient's endocrine symes a month for six ras no documented e	7, at 11:00 a.m., review of a certification period of rough June 7, 2017, of December 5, 2015. The d with diabetes mellitus type Further review revealed sess and evaluate the stem one (1) to two (2) (6) months. However, there evidence that the POC for blood glucose levels.		concerning their diabetes and documer the reported information.	nt	

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H 358	Continued From pa	age 5	H 358	To one we that the same and a		0/0/47
	3. On March 13 20	17, at 12:05 p.m., review of		To ensure that these measures will be implemented, the Medical Director will	9	6/6/17
	Patient #10's POC	with a certification period of		conduct two (2) mandatory in-services	ıı s for	6/10/17 ongoing
	February 3, 2017 th	brough April 3, 2017, revealed ember 5, 2016. The patient		all SNs to:	5 101	origoring
	was diagnosed with	a complete traumatic		1) Review and explain these measure	es	
	amputation of the le	oft foot and diabetes mellitus		and responsibilities.		
	type II. Further revi	ew of the POC revealed an				
1.	order for the SN to a	assess and evaluate the		2) Teach the clinical use of HbA1c (se	ee	
	times a week for 0	system four (4) to five (5) weeks. However, there was no		attachment).		
	documented eviden	ce that the POC included		3) Anguar any quantiana salata dita the		
t	parameters for bloo	d glucose levels.		<ol> <li>Answer any questions related to the new measures.</li> </ol>	ese	
4	1. On March 13, 20	17, at 12:05 p.m., review of		To ensure that this deficiency does not	ıt	
1	atient #14's POC v	vith a certification period of		reoccur, all new SNs will be trained on	the	
(	October 7, 2016 thro	ough April 7, 2017, revealed a		management and blood sugar monitori	ing	
2	soc date of April 3,	2014. The patient was		of diabetic patients during their new hir	re	
Δ	liagnosed with diabe	etes mellitus type II.		in-service.		
n	atient's blood aluco	C, the SN was to monitor the se levels 1 to 2 times a		to addition to Division Divisi		
'n	nonth for 6 months	However, there was no		In addition, the Plan of Care Review		
d	ocumented evidence	e that the POC included		Nurses will be trained to ensure that Diabetic Plans of Care for patients doin		
p	arameters for blood	diucose levels		blood glucose monitoring includes bloo	ng	
		1		glucose parameters.	Ju	
5.	On March 16, 201	7, at 12:25 p.m., review of		O rear parameters,		
P	atient #16's POC w	ith a certification period of		Finally, our QA/QI Manager will survey	the	6/10/17
D	ecember 10, 2016 t	through June 10, 2017,		HCA's compliance and report these		ongoing
re	evealed a SOC date	of June 1, 2012. The patient		findings at each QA/QI Committee		
E	as diagnosed with o	diabetes mellitus type II.		Meeting. The QA/QI nurse will review		
6/	valuate the nation!'s	ed that the SN was to endocrine system 1 to 2		25% of diabetic charts to determine if the	he	
tin	nes a month for 6 m	nonths. However, there was		SNs are following the diabetic blood su	ıgar	
no	documented evide	ence that the POC included		management processes. The nurse will ascertain whether the patient is doing	III	
pa	rameters for blood	glucose levels.		Blood Glucose Testing and if their testing	na	
				techniques are appropriate. The nurse	will	
Or	n March 16, 2017, a	t 4:05 p.m., interview with		ensure that the test results or ranges of	f the	
the	<ul> <li>Director of Profes</li> </ul>	sional Services and the		results are recorded and whether the nu	urse	
DC	ON indicated that the	e HCA would train the SN's		notifies the physician when results are		
IO.	Include parameters	for blood glucose levels on physical assessment for		below or above the parameters.		

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HCA-0009 B. WING 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PREMIUM SELECT HOME CARE, INC 5513 ILLINOIS AVENUE, NE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 358 Continued From page 6 H 358 To address H 366: the aforementioned patients. 6/2/17 ongoing At the time of the survey the HCA failed to include To ensure timely approval of POCs by the parameters for blood glucose levels on the patient's physician, the following steps will POCs. be implemented. H 366 3914.4 PATIENT PLAN OF CARE 1) The POC and any additional orders are H 366 mailed and faxed to the physician's office. Each plan of care shall be approved and signed The POC and orders are logged into an by a physician within thirty (30) days of the start excel spreadsheet for tracking and of care; provided, however, that a plan of care for monitoring. A copy is kept in the chart and personal care aide services only may be in an order file box. approved and signed by an advanced practice registered nurse. If a plan of care is initiated or 2) A follow-up call is made to the revised by a telephone order, the telephone order physician's office to verify that the orders shall be immediately reduced to writing, and it were received. shall be signed by the physician within thirty (30) days. 3) If the orders are not received within a week of the due date, the orders will be re-faxed again and followed up with a This Statute is not met as evidenced by: phone call. If the orders are not received Based on record review and interview, the HCA back that day, they are given to our failed to ensure that each POC was approved community liaison staff member to be and signed by a physician within thirty (30) days hand-carried to the physician's office. of the SOC, for one (1) of twenty (20) patients in the sample (Patient #2). 4) If necessary, we will recruit the assistance of the patient/caregiver to get The finding includes: the orders signed. Review of Patient #2's POC with a certification period of September 30, 2016 through March 30, 2017, on March 15, 2017, at 11:17 a.m., revealed a SOC date of September 30, 2016. Further review of the POC revealed it documented an order for SN services, one to two times per month for six months and HHA services, 12 hours a day for twenty four weeks. Continued review of the POC revealed it was signed and dated by the physician on November 16, 2016 (47 days after

STATEMEI AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DATE SURVEY COMPLETED
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H 366	Continued From page	ge 7	H 366		
	the SOC).				
H 453 ;	Professional Service conference on Marc p.m. They were info for Patient #2 was not timeframe. According POCs are sent to the appropriately. At the the agency failed to signed by the physic timeframe.  At the time of the surensure each POC was physician within thirty 3917.2(c) SKILLED Not be following:  (c) Ensuring that patient is statute is not make accordance with the patient of the surensure each patients' blood glucos accordance with their vere rendered as indiversed.	hall include, at a minimum, ent needs are met in plan of care; et as evidenced by: nd record review, the HCA e SN made certain home were rendered in the on the plan of care (II) e levels were monitored in POC and (III) SN services cated in the POC, for five in the sample. (Patients #2,	H 453	To address H 453:  To ensure that the patients needs are min accordance with the plan of care the agency will in-service the RNs on development of the plan of care. The in-service will include how to determine appropriate frequency of services and hit o maintain and update the frequencies. The in-service will instruct the nurses to notify the physician of changes and to obtain change orders. RNs will be in-serviced to include on their orders specific instructions, such as blood gluct parameters and orders for PT/INR, and specific levels that need to be reported to the physician.	6/10/17 ongoing the low lose the
т	he findings include:				

AND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		TE SURVEY
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H 453	Continued From pa	ige 8	H 453	H 483	
	The HCA failed to rendered in the free	o ensure HHA services were quency prescribed.		This correction will address Patient #2 where the HHA did not maintain the ordered frequency in accordance to the	
	period of September 2017 on March 15, revealed the patient at a frequency of 12 a week, for twenty-fitime sheets for Patient beginning at 12:04 graphs.	2's POC, with a certification of 30, 2016 through March 30, 2017, beginning at 11:01 a.m. was to receive HHA services hours a day, seven (7) days our weeks. Review of HHA ent #2 on March 15, 2017, b.m. revealed that patient		POC. Upon review of the chart and furthe discussion with the Director of Nursing and the staffing coordinator, it was revealed that their was an error or oversight on the initial referral. The referral said the patient was to get PCA services eight hours times seven days a week. However, the Delmarva assessment and the Prior Authorization specified 12 hours per day x	
	October 2016 10/1/16 - 8 hours of 10/2/16 - 9 hours of 10/3/16 - 8 hours of 10/4/16 - 8 hours of 10/5/16 - 5 hours of 10/6/16 - 8 hours of	A services for 12 hours as sindicated below:  HHA services received		7 days per week. The intake nurse told the staffing coordinator and the Admission nurse that the patient was to receive 8 hours times seven days. After the oversight was corrected a PCA was scheduled to provide the additional four hours. The Intake nurse and the nurse reviewer have been counselled and in-serviced on the need to review all paper work closely to ensure that the patients get the services recommended on the prior authorization. The services are consistent	6/2/17 ongoir
1	November 2016 11/7/16 - 8 1/2 hours 11/14/16 - 7 hours of December 2016	of HHA services received HHA services received		with orders on the face-to-face and with the discharge instructions. They have been instructed to utilize the review process developed (see attachment.) In addition,	6/2/17 ongoing
1	2/22/16 - 11.25 hour	rs of HHA services received		they were notified to inform the physician via a order when services are not provided in accordance with the plan originally	
a fo re w a sl	t a frequency of one or six months. Continuous of six months. Continuous of six months. Continuous on March 15, was no evidence that visit during the month ould be noted that the six months of	ient #2's POC on March 15, ursing services were ordered (1) to two (2) times a month nued review of Patient #2's 2017, revealed that there the skilled nurse conducted th of October 2016. It he record documented a er 10, 2016, but failed to		specified by the physician.  If for some reason the HCA providers are not able to provide the required number of hours or visits, they are required to document a miss visits specifying the reason why and documenting notification of the patient/caregiver and the physician.	6/2/17 ongoing

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION (2		E SURVEY	_
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	H 453 Continued From pa	age 9	H 453	SN missed visits.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	=
	give any further de	tail regarding the missed visit.		or missed visits.			
	Additional review of	f Patient #2's record revealed		In the case of Patient #2, the RN did of	do a		
	that the nurse failed	to successfully complete a		visit for October. It was completed on	1		
	visit during the mor	th of December 2016. On		October 15, 2016, as a Resumption of	f		
	December 23, 2016	6, a nurse documented the		Care documented on the Oasis form.			
	missed visit note	ess to the patient's home in a		December 23, 2016, the RN was unab			
	another attempt wa	There was no evidence that s made to conduct a visit		gain access to the client. The RN sho			
	during the month.	s made to conduct a visit		have made a follow-up attempt to visit		CICIAT	
	and the mornan.			patient. The RNs will be in-serviced a encourage to make their supervisory v		6/6/17 6/10/17	- 1
	Interview with the D	irector of Professional		earlier in the month so they will have t	imo	ongoing	
	Services on March	16, 2017 at 4:21 p.m.		to make up a missed visit. The RNs w	iiile vill	origonig	
	revealed that the ca	se was very difficult to staff		also be instructed to make an appoint			1
	At the time of the su	rvey, the HCA failed to		with the client and verify the appointment	ent		1
	provide evidence to	justify why Patient #2 failed to		the night before.			1
	receive services as	prescribed.		-			ı
	At the time of this a			To ensure that we will be able to make		6/6/17	ı
	nurse failed encurs	rvey, the agency's skilled that Patient #2 received both		supervisory visits in the future, we are		6/10/17	ı
	HHA services and n	ursing services as ordered		hiring a full-time RN who will be availa	ble	ongoing	ı
	and in accordance w	vith the patient's POC.		to assist with visits when a nurse's			ı
	and in addordance w	nul tile patients POC.		schedule prevents him/her from fulfillin	ıg		ı
				their obligation to make a visit. The RI be required to notify the office and arra	N WIII		ı
	II. The agency failed	to ensure that the SN		for a replacement.	inge		ı
	monitored patients' b	blood glucose levels		ioi a ropiacomone.			ı
	according to the PO	C, as evidenced by:		To address Blood Glucose Monitoring:			ı
	a. On March 15, 201	7, at 10:00 a.m., review of		Our LICA failed to its to	,	0/0/47	
	Patient #7's POC wit	h a certification period of		Our HCA failed to include parameters	for	6/6/17	ı
	January 25, 2017, the	rough March 25, 2017,		blood glucose levels for patients with diabetes mellitus. From this time forward		6/10/17	ı
	revealed a SOC date	of February 5, 2015. The		all patients, skilled and unskilled patier	ara, ato	ongoing	l
	patient was diagnose	d with diabetes mellitus type		with diabetes, who are testing their blo			١
	II and diabetic ulcers	on the right lateral and right		sugars at home will have parameters for			1
	plantar foot. According	g to the POC, the SN was to		their blood glucose levels included in the			l
	monitor the patient's	blood glucose levels three		POCs.			
	(3) to five (5) times a	month for nine (9) weeks.					
	On Morsh 45, 0047			The SN will notify the patient's physicia	in		
	On Warch 15, 2017, b	peginning at 10:15 a.m.,		when the fasting blood glucose level is	less		
	March 7 2017 March	Nursing Visit Notes dated		than 60 mg/dl or greater than 200 mg/d	∄/.		
	maron 1, 20 17, IVIAI CI	II, ZUIT, FEDIUARVIU			(2)		4

STATEME	Regulation & Licens  NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II T	IPLE CONSTRUCTION	Tax	
AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN			E SURVEY MPLETED
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H 453	Continued From pa	age 10	H 453	We arrow and a second s		0/0/47
	and January 27, 20 evidence that the S blood glucose level b. On March 13, 20 Patient #10's POC February 3, 2017 tha SOC date of Decewas diagnosed with amputation of the lell, essential hyperte	2017, February 12-14, 2017, 2017, revealed no documented in monitored the patient's according to the POC.  217, at 12:05 p.m., review of with a certification period of grough April 3, 2017, revealed ember 5, 2016. The patient a complete traumatic eff foot, diabetes mellitus type insion and vitamin B12		If any random blood glucose val greater than 400 mg/dl, the patie care provider will be notified. The inquire about the recent blood glucose and document these valuations. For our skilled patients, of continue to instruct the patient in management, diabetic foot care, symptoms of hypo-/hyperglycemmedication management. Also, instruct/monitor the patient's blood levels and notify the physician if blood glucose levels are greater mg/dl or less than 60 mg/dl or policy in the patient of the patient of the patient of the physician if blood glucose levels are greater mg/dl or less than 60 mg/dl or policy.	ent's health the SNs will the SNs will the SNs will diabetic signs and the SN will diabetic signs and the SN will diaglucose fasting	ongoing
	deficiency anemia. I revealed an order for evaluate the patient On March 16, 2017, review of Patient #11 February 3, 2017, February 15, 2017, February	Further review of the POC or the SN to assess and 's endocrine system.  beginning at 3:20 p.m., 0's Nursing Visit Notes dated ebruary 13, 2017, February 20, 2017, revealed no ce that the SN monitored the		blood glucose levels greater than mg/dl.  If our patients with diabetes have testing their blood glucose levels the SN will inquire about their mc Hemoglobin A1c (HbA1c) values any concerns that their physician concerning their diabetes.	n 400 e not been at home, ost recent and about	
	c. On March 13, 201 Patient #14's POC w October 7, 2016 thro SOC date of April 3, diagnosed with diabed depressive disorder. SN was to monitor the	7, at 12:05 p.m., review of with a certification period of ough April 7, 2017, revealed a 2014. The patient was etes mellitus type II, COPD, According to the POC, the pe patient's blood glucose (2) times a month for six (6)		To ensure that these measures wimplemented, the Medical Director conduct two (2) mandatory in-ser all SNs to:  1) Review and explain these meand responsibilities.  2) Teach the clinical use of HbA attachment).	or will vices for asures	6/6/17 6/10/17 ongoing
2 th	'atient #14's Nursing 0, 2016, revealed no	at 1:45 p.m., review of giving Visit Note dated November of documented evidence that a patient's blood glucose POC.		<ol> <li>Answer any questions related new measures.</li> <li>To ensure that this deficiency doe recur, all new nurses will be traine management and blood sugar me</li> </ol>	e not ed on the	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HCA-0009 B. WING 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC. WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) H 453 Continued From page 11 H 453 of diabetic patients during their new hire d. On March 16, 2017, at 12:25 p.m., review of in-service. Patient #16's POC with a certification period of December 10, 2016 through June 10, 2017, In addition, the POC review nurses will be 6/6/17 revealed a SOC date of June 1, 2012. The patient trained to ensure that diabetic Plans of 6/10/17 was diagnosed with CVA, diabetes mellitus type II Care for patients doing Blood glucose ongoing and hypertension, and general muscle weakness. monitoring includes Blood glucose Further review of the POC revealed an order for parameters the SN to assess and evaluate the patient's endocrine system 1 to 2 times a month for 6 Finally, our QA/QI Manager will survey the 6/10/17 months. HCA's compliance and report these ongoing findings at each QA/QI Committee On March 16, 2017, at 12:30 p.m., review of Meeting. The QA/QI Nurse will review 25% Patient #16's Nursing Visit Note dated December of diabetic charts to determine if the SNs 16, 2016, revealed no documented evidence that are following the diabetic blood sugar the SN monitored the patient's blood glucose management processes. The nurse will level during the physical assessment. ascertain whether the patient is doing blood glucose testing and if their testing On March 16, 2016, starting at 4:50 p.m., techniques are appropriate. The nurse will interviews with Director of Professional Services ensure the test results or ranges of the and the DON revealed that the SNs will be trained results are recorded and whether the nurse on how to perform and document blood glucose notifies the physician when results are checks as part of their skilled assessment below or above the parameters. process. At the time of this survey the HCA's SNs failed to monitor the patient's blood glucose levels as part of their skilled assessment process. III. The HCA failed to ensure SN services were rendered as indicated in the POC. Review of Patient #8's POC with a certification period of November 5, 2016 through January 3, 2017 on March 15, 2017 beginning at 3:26 p.m. revealed SN services were to be rendered three times a week for nine weeks to provide wound care and other associated services. Continued review of Patient #8's record on March 16, 2017 beginning at 4:16 p.m. revealed the patient failed to receive SN services as prescribed during the

	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION (X:	) DATE SURVEY COMPLETED .
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H 453	Continued From page	ge 12	H 453		
	following weeks:				
	Week of November conducted, Novemb	13, 2016 - only one SN visit er 18, 2016.			
	Week of December conducted, Decemb 23, 2016.	18, 2016 - two SN visits er 19, 2016 and December			
	Professional Service p.m. to ascertain info services were not re- time of the survey, he	cted with the Director of es on March 16, 2017 at 4:28 ormation regarding why SN indered as prescribed. At the lowever, evidence was not my visits were not rendered as		To address H 454;	
H 454	3917.2(d) SKILLED 1	NURSING SERVICES	H 454	Regarding documented weight issues:	
s i	Duties of the nurse sthe following:	hall include, at a minimum,		The RNs documents self-reported weig of the patients on the SOC, ROC and Recertifications. The patient's weight w	6/10/17
	nursing procedures;	ventive and rehabilitative		be monitored, reported to the physician and documented when there is cause for concern and the patient appears to pre- with significant changes. For example: if the patient reports a decrease in appe	or sent (1)
	skilled nursing staff fa preventive nursing pro patients related to the	nd record review, the HCA's hiled to provide evidence that ocedures were afforded to hir health conditions, for five tents in the sample. (Patient		and/or reports not eating an adequate amount of food or if the patient appears have lost a significant amount of weight (2) Any patient with signs or symptoms de-compensated CHF (e.g., increased peripheral/pitting edema, exacerbation SOB or dyspnea on exertion) will have his/her weight monitored, reported to the	of of e
1	The finding includes:			physician and documented on the nurse note.	e's
F	1. On March 15, 2017 Patient #7's POC with	, at 10:00 a.m., review of a certification period of			

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H 454	Continued From pa	ge 13	H 454	The CNI will weigh the action to a	u.	
	January 25, 2017, to revealed a SOC date patient was diagnosed II, diabetic ulcers on	hrough March 25, 2017, te of February 5, 2015. The ted with diabetes mellitus type the right lateral and right	.,,,,	The SN will weigh the patient unless patient is unable to stand or bear we without causing harm to the patient.		
plan and the s dise	plantar foot, hyperte and thyroid disorder the SN was to asses disease processes t	ension, chronic kidney disease Further review revealed that as and evaluate the patient's three (3) to five (5) times a		In the upcoming in-service, the SNs instructed to ask the patient for their weight. If the patient is unaware of the current weight, the SN will ask the particular their last doctor's visit did their philosophics.	last heir atient if	
	disease processes three (3) to five (5) times a month for nine (9) weeks.  On March 15, 2017, beginning at 10:15 a.m., review of Patient #7's Nursing Visit Notes date March 7, 2017, March 1, 2017, February 3, 20 February 11, 2017, February 12, 2017, February 13, 2017, February 14, 2017 and January 27, 2017, revealed no documented evidence that the SN actually weighed Patient #7 or recorded the patient's reported weight during the physical	s Nursing Visit Notes dated th 1, 2017, February 3, 2017, February 12, 2017, February 14, 2017 and January 27, ocumented evidence that the Patient #7 or recorded the		express any concerns regarding thei weight. Also, the SNs will be instruct provide thorough and complete documentation. The nurses will have report and investigate all significant changes in the patient's condition, ar notify the patient's physician when indicated.	r ted to e to nd to	
	Patient #9's POC witi December 7, 2016 th	7, at 11:00 a.m., review of h a certification period of rough June 7, 2017,		In addition, to prevent any issues in t future, all SNs that are hired will be in-serviced, during orientation, on the procedures.		6/6/17ong
 	patient was diagnose I with ulcerated toes, hypertension. Further was to assess and ev	of December 5, 2015. The d with diabetes mellitus type hyperlipidemia and review revealed that the SN valuate the patient's disease two (2) times a month for six		For quality control, the QA/QI nurses review 10% of the HCA's charts mondetermine if the SNs are following the agency's policies and procedures. Finding our QA/QI Manager will survey the Hocompliance and report these findings each QA/QI Committee Meeting.	thly to e inally, CA's	6/6/17 ongoing
F 2 d re e o th	Patient #9's Nursing \ 2017, revealed that the leficit related to non-cegimen. However, the vidence that the SN is recorded the patience physical assessment of the policy	at 10:30 a.m., review of /isit Note dated February 11, ie patient had a knowledge compliance with his/her diet ere was no documented actually weighed Patient #9 it's reported weight during ent.				

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING: HCA-0009 B. WING 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 14 H 454 H 454 Nursing Visit Note dated January 23, 2017, also revealed no documented evidence that the SN actually weighed Patient #9 or recorded the patient's reported weight during the physical assessment. 3. On March 16, 2017, at 12:15 p.m., review of Patient #15's POC with a certification period of October 22, 2016 through April 22, 2017, revealed a SOC date of October 21, 2015. The patient was diagnosed with GERD, diverticulosis, hypertension, partial blindness, cataracts. asthma, osteoarthritis and general muscle weakness. Further review revealed that the SN was to assess and evaluate the patient's disease processes 1 to 2 times a month for 6 months. On March 16, 2017, beginning at 12:20 p.m., review of Patient #15's Nursing Visit Notes dated February 14, 2017, January 29, 2017, December 22, 2016, November 12, 2016 and October 8, 2016, revealed no documented evidence that the SN actually weighed Patient #15 or recorded the patient's reported weight during the physical assessment. 4. On March 16, 2017, at 12:25 p.m., review of Patient #16's POC with a certification period of December 10, 2016 through June 10, 2017, revealed a SOC date of June 1, 2012. The patient was diagnosed with CVA, diabetes mellitus type II, hypertension and general muscle weakness. Further review revealed that the SN was to evaluate the patient's assess and evaluate the patient's disease processes 1 to 2 times a month for 6 months. On March 16, 2017, beginning at 12:30 p.m., review of Patient #16's Nursing Visit Notes dated February 28, 2017, January 28, 2017, January

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		TE SURVE MPLETED
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5. On March 16, 201 Patient #17's POC w December 9, 2016 th revealed a SOC date patient was diagnose senile dementia and Further review reveal assess and evaluate processes 1 to 2 time  On March 16, 2017, th review of Patient #17' February 14, 2017, Ja 12, 2017 and Decemble documented evidence weighed Patient #16 or reported weight during  On March 16, 2017, a the Director of Profess DON it was acknowled survey there was no d the nurse actually weight #17, #9, #15, #16 and F weights during their ph Further interview revea be updated to include staff to weigh Patient # #17 or record the patie their physicians. An ad would be re-trained on	the recorded the patient's and the physical assessment.  7, at 12:50 p.m., review of ith a certification period of the patient's and the physical assessment.  7, at 12:50 p.m., review of ith a certification period of the patient of the period of the patient of the period of the patient of t	H 454	DEPICIENCY)		

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H 456	Continued From page	je 16	H 456	To address H 456:		
H 456	3917.2(f) SKILLED I	NURSING SERVICES	H 456	Deficiency regarding supervision of Home Health Aide.	the	
	the following:  (f) Supervision of ser	shall include, at a minimum, rvices delivered by home care aides and household ropriate;		The requirements for RN supervision HHA are once every 60 days for unpatients and every 14 days for skill patients. To ensure that our agenc compliance with these standards, with patients the following:	skilled ed y is in	6/6/17 ongoing
	failed to document th being delivered by ea	net as evidenced by: ew and interview, the HCA e supervision of services ach patient's PCA for one (1) appled patients. (Patient #14)		1. We will have an in-service with the to reiterate the need for them to support of their patient's HHA/PCA as regulations. The RN frequency for upatients is currently written as 1-2 tiper month for assessment, evaluation intervention related to the patients of	pervise per the unskilled mes on, and	6/6/17 6/10/17 ongoing
F # # # # # # # # # # # # # # # # # # #	On March 13, 2017, a Patient #14's POC wi October 7, 2016 throu SOC date of April 3, 2 POC revealed a docu #14 to have PCA serv a day for twenty-four ( SN was to supervise to	eginning at 1:50 p.m		process. The HHA/PCA supervision ordered to occur monthly. An addit order needs to be written if the RN to supervise more than two aides promonth. However, many of these particularly if the receive more than 7 days a week, will have more than For example, a patient with 16 hour 7 days a week might have 3-4 aides Similarly, a patient with 24 hours time days a week might have 5-6 Aides.	n is conal needs er tients, 8 hours 2 aides. s times 6.	
F E e a O th	eview of Patient #14's rebruary, 28, 2017, Ja pecember 31, 2016, revidence that the SN s ordered by the POC an March 16, 2017, at the DON revealed that	s Nursing Visit Notes dated anuary 31, 2017 and evealed no documented supervised the PCA monthly		nurses will now be instructed to more each aide at least every 60 days. The instructed to try and make their voverlap the shift of two of the aides supervise the weekend aides. Base the number of hours the patient received the RN could be ordered 1-4 times month with PRN visits for additional HHA/PCA supervision.	nitor hey will isit and to ed on eives,	
Р	CA monthly. Further i	nterview revealed that the				6/6/17
aç	gency would re-train t	he SN to comply with the		2. The SNs will be in-serviced to matheir visits earlier in the month to allo		6/10/17 ongoing

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: COMPLETED HCA-0009 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 456 Continued From page 17 H 456 to revisit if they had a missed visit earlier. POC. In addition, the agency would assign another SN to supervise Patient #14's PCA We are hiring a full-time RN to be 6/12/17 monthly. available to assist with supervisions when ongoing the patient's nurse schedule does not allow At the time of the survey, the agency failed to him/her to make the visit as required. ensure the SN supervised the PCA monthly as ordered by the POC. 4. Each RN will have a Supervisory Visit Schedule. H 458 3917.2(h) SKILLED NURSING SERVICES H 458 All new hires will be oriented on these 6/6/17 supervisory processes during orientation. ongoing Duties of the nurse shall include, at a minimum, the following: The QA/QI Nurses will monitor 10% of the 6/10/17 patient records monthly to ensure that the ongoing (h) Reporting changes in the patient's condition to nurses are doing the HHA/PCA the patient's physician: supervisions in accordance with the regulations. Finally, our QA/QI Manager will survey the HCA's compliance and report these findings at each QA/QI This Statute is not met as evidenced by: Committee meeting held quarterly. Based on record review and interview, the SN failed to inform the physician of a change in a To address H 458 patient's condition, for one (1) of twenty patients in the sample. (Patient #2) Reporting changes in patient's condition: The finding include: The SN providing services to Patient #2 will 6/6/17 be individually counselled regarding her Review of Patient #2's records on March 15, failure to either notify the physician of the 2017, at 12:34 p.m. revealed a nursing visit note change in the client's condition or her dated November 16, 2016. The note failure to document the notification to the documented that the patient stated that he/she physician. felt a "slight burning when urinating." The note further indicated that the patient's primary The SN will be in-serviced regarding 6/6/17 medical doctor would be contacted by both the evaluation and assessment of patients. patient's daughter and the skilled nurse. There, 6/10/17 notification of the patient's physician however, was no documentation that verified the ongoing about significant changing in the primary medical doctor had been contacted patient's condition, documentation of regarding the patient's change in condition. It actions taken and follow up with the patient should be noted that continued review of the patient's record failed to provide evidence that a to evaluate the interventions and outcomes.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HCA-0009 B WING 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 458 Continued From page 18 H 458 To prevent a recurrence of nurses not 6/6/17 skilled nurse visited with patient after November reporting changes in the patient's ongoin 16, 2016 through December 31, 2016. condition, all new hires will be in-serviced on these standard practices. Interview with the Director of Professional Services on March 16, 2017, beginning at 4:21 The QA/QI Nurse will monitor 10% of all 6/10/17 p.m. revealed that the standard practice would be current patients charts monthly, reviewing ongoing for the nurse to follow up with the patient's notes and assessments to determine if physician. At the time of the survey, the agency nurses are reporting and documenting failed to provide evidence that the patient's patient condition changes and physician had been informed of the change in the implementing appropriate interventions to patient's condition. address the patient's needs. Finally, our QA/QI Manager will survey the HCA's H 459: 3917.2(i) SKILLED NURSING SERVICES compliance and report the findings at the H 459 QA/QI committee meetings. Duties of the nurse shall include, at a minimum, the following: To address H 459: Patient instruction and evaluation of the (i) Patient instruction, and evalutaion of patient patient instruction. instruction; and Based on the survey findings and record review of five (5) of twenty (20) patient records, the SNs failed to adequately This Statute is not met as evidenced by: Based on interview and record review, the agency evaluate the patient's level of understanding of the teaching and failed to ensure its skilled nursing staff (I) instructions. The SNs evaluation response provided evidence that specific instructions were afforded to patients related to their health care was too general. Basically, stating that the patient/caregiver understood the conditions and (II) documented the evaluation of instructions. The SNs need to be more provided training in a manner that reflected the specific regarding the patient's/caregiver's patient's comprehension of the given instruction, level of understanding. How was for three (3) of twenty (20) patients in the sample understanding expressed? Was it recalled (Patients #1, #8 and #10). or demonstrated? Was the understanding specific to an identified problem that was The findings include: being taught? I. The agency failed to ensure its nurses documented the specific instructions that were afforded to the patient related to his/her health care conditions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HCA-0009	B. WING _		03/17/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	r, STATE, ZIP CODE		
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	a. On March 13, 2017, at 12:05 p.m., review of Patient #10's POC with a certification period of February 3, 2017 through April 3, 2017, revealed a SOC date of December 5, 2016. The patient was diagnosed with a complete traumatic amputation of the left foot, diabetes mellitus type II, essential hypertension and vitamin B12 deficiency anemia. Further review of the POC revealed a documented order for the SN to instruct the patient in nutrition/hydration, elimination/metabolic status, disease process, infection control and medication regiment.  On March 16, 2017, beginning at 3:20 p.m., review of Patient #10's Nursing Visit Notes dated March 1, 2017, March 3, 2017, February 19, 2017, February 11, 2017, February 13, 2017, February 15, 2017, February 17, 2017, February 20, 2017, February 22, 2017, February 24, 2017 and February 27, 2017, revealed no documented evidence that the SN provided the patient with educational instructions related to his/her specific health care conditions as ordered by the POC.  On March 16, 2017, at 4:15 p.m., interview with Director of Professional Services revealed that the nurses will be retrained to ensure the consistency of documentation related to Patient #10's specific health care conditions as ordered		H 459	The SNs will be in-serviced on the teaching/instructional processes and documentation to include problem identification, intervention, and evaluate of the outcomes. If a SN identifies a more problems that he/she addressed during a visit, the SN will be instructive list each problem separately, and also describe the intervention in detail. The SNs will evaluate the patient's responsate the intervention or the outcome of the intervention for each identified problem intervention.  The evaluation must be quantitative the method of understanding needs documented. For instance, is the most understanding expressed, recalled demonstrated? Does the patient understand the purpose, correct does side effects and precautions? Does patient completely understand and correcall 100% or only 40-50% or less.  The purpose of the in-services will be teach the SNs how to be more special about their interventions and the evaluations of the intervention outcomes.	ongoing uation one or es ed to so 'he onse to e em and and to be ethod d, or age, the an e to fic mes.	
	by the POC.	care conditions as ordered vey, the agency failed to		documentation procedures with emp on teaching and documentation of th patient's responses and outcomes. Sample documentation notes will be	hasis 6/10/17 e ongoing	
	ensure nurses docurr afforded to the patien conditions.	nented specific instructions t related to their health care		distributed to the professional staff at new professional hires. The QA/QI Manager or designee will monitor the skilled professional notes, for one (1)	) 	
1	period of March 3, 20	#8's POC with a certification 17 through May 1, 2017, on ining at 3:30 p.m. revealed		month, after the in-service, to check compliance and for proper document	for ation.	

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HCA-0009	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED	
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H <b>4</b> 59	Continued From page 20		H 459	Figeth, aug OA/OLA4		CHOH	
	SN services were to be rendered three times a week for nine weeks to provide wound care and other associated services. The POC documented that the nurse was to provide instruction in various areas including in nutrition, the disease process, infection and standard precautions, medications and implementation of the emergency plan.  Review of nursing visit notes beginning on March 15, 2017 at 12:34 p.m. revealed the nurse provided services to the patient on November 25, 2016, December 2, 2016, December 7, 2016, December 14, 2016, December 28, 2016, 17,			Finally, our QA/QI Manager will survey HCA's compliance and report these findings at each QA/QI Committee Meeting.		6/10/1 ongoin	
t t t t t t t t t t t t t t t t t t t	January 6, 2017, Ja 2017, January 27, 2 Continued review of evidence that the nu- to the patient and/or Interview was condu Professional Service 2017, beginning at 4	nuary 13, 2017, January 21, 2017, and February 25, 2017. If the notes failed to provide urse provided any instruction caregiver.  Licted with the Director of es and the DON on March 16, 1:05 p.m. to ascertain					
	conducted during the the time of the surve	g why training was not e aforementioned visits. At ey, however, the agency failed that justified why training and documented.					
	locumented the patie	I to ensure its nurses ent's specific comprehension ing instructions related to ondition.					
	eview of Patient #10 March 6, 2017, Marcl 017, revealed that th	7, beginning at 3:25 p.m., 's Nursing Visit Notes dated h 10, 2017, and February 6, ne patient was given e visit on the signs and					

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) Muli Tipi	E CONSTRUCTION				
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED	
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H 459	Continued From pa	age 21	H 459				
	symptoms of wound infection. However, the SN failed to document the specific components of the training that Patient #10 understood.  On March 16, 2017, at 4:25 p.m., interview with the Director of Professional Services revealed that the nurses will be retrained to ensure the consistency of documentation related to Patient #10's understanding with all components of training.						
	ensure nurses docu	urvey, the agency failed to imented the patient's specific the signs and symptoms of ning.					
	2017 at 12:18 p.m. r dated November 11, the nurse trained the doctor and signs and during the visit. The	#8's record on March 16, revealed a nursing visit notes 2016. According to the note, e patient on when to notify the d symptoms of infection re was no indication ent's level of understanding eived.					
ii ti n o p	Professional Service 2017, beginning at 4. Information regarding raining failed to inclue elated to the patient of the survey, however provide a rationale the	to include the patient's					
2   n	017 beginning at 3:1 otes dated Decembe	#1's record on March 13, 13 p.m. revealed nursing visit er 9, 2016, December 10, 28, 2016. According to the					

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0009 03/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 459 Continued From page 22 H 459 notes, the nurse trained the patient on the use of his/her walker, monitoring blood glucose, and medication administration on December 9, 2016. On December 10, 2016, the nurse provided the patient education on proper disposal of diabetic supplies and the use of walker. On December 28, 2016, the nurse provided the patient instruction on nutrition and taking medication as prescribed. There was no indication however, of the patient's level of understanding with any of the training received. Interview was conducted with the Director of Professional Services and the DON on March 16, 2017, beginning at 4:05 p.m. to ascertain information regarding why the documentation of training failed to include specific information related to the patient's understanding. At the time of the survey, however, the agency failed to provide a rationale that justified why the documentation failed to include the patient's specific degree of understanding.